



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC, LLC

Street Address: 30 N. Emerson Ave

City: GREENWOOD

County: Johnson

Administrator Name: Andrea Hausz

Administrator Email: ahausz@indianaeyeclinic.com

ASC Web Address: <https://indianaeyeclinic.com/>

Fiscal Year: 2020

Accredited: Yes No

Name of Accrediting Body: Accreditation Association for Ambulatory Health Ca

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1654	2739
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1483	
66821	665	
V2787	86	
66982	72	
65855	68	
V2788	57	
66761	41	

67800	31
67840	30
65820	25

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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